STANDING COMMITTEE

ON

MEDICAL MANPOWER

ANNUAL REPORT

APRIL 1, 1989 TO

MARCH 31, 1990

Manitoba
Health Services
Commission

Manitoba

91-03236/

Health

Manitoba Health
Services Commission
Standing Committee on Medical Manpower

P.O. Box 925
599 Empress Street
Winnipeg, Manitoba, CANADA
R3C 2T6

November 1, 1990

The Honourable Donald Orchard

Minister of Health

Sir:

We have the honour to submit the annual report of the Standing Committee on Medical Manpower (SCOMM) for the 12 month period April 1, 1989 to March 31, 1990.

During the past year, we have focused our efforts on recruiting more physicians to the rural areas, and filling shortages in specific medical specialties.

To accomplish this, we have extended the existing recruitment, educational and promotional activities of the committee and have added new initiatives such as the Health Pro Show, the first Manitoba rural health recruitment fair, and the Family Practice Residency Training Program - Dauphin, the first rural based residency program in Canada.

Our committee consists of dedicated health professionals who volunteer their time and expertise to the work of SCOMM. We would like to thank them and others who have assisted them for their conscientious consideration of the issues in this report.

Respectfully submitted,

G. E. Dow, M.D.
Co-chairman
Standing Committee on Medical Manpower

B. D. Postl, M.D.
Co-chairman
Standing Committee on Medical Manpower

/nc

Manitoba

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November 1, 1990

The Honourable Leonard Derkach

Minister of Education and Training

Sir:

We have the honour to submit the annual report of the Standing Committee on Medical Manpower (SCOMM) for the 12 month period April 1, 1989 to March 31, 1990.

Since SCOMM was established in 1979, many of our efforts have been concentrated on educational initiatives.

The rural high school recruitment program ensures that these students are aware of medicine as a career choice. Students in medical school are well informed of the opportunities for rural practice through counselling, incentive programs and the Health Pro Show recruitment fair. And, for the first time in Canada, we now have a rural based residency program.

Practicing physicians may take advantage of incentive and educational programs for rural physicians, or other programs which support education in needed specialties.

This report reflects the accomplishments of the Standing Committee on Medical Manpower over the past year in enhancing medical education and supply in Manitoba.

Respectfully submitted,

G. E. Dow, M.D.
Co-chairman
Standing Committee on Medical Manpower

B. D. Postl, M.D.
Co-chairman
Standing Committee on Medical Manpower

/nc

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INTRODUCTION

The Standing Committee on Medical Manpower (SCOMM), established in 1979, reports to the Ministers of Health and Education and Training and, as stated in the Ad Hoc Committee on Medical Manpower report dated April 19, 1978, was constituted "for the purpose of review, analysis, evaluation and recommendations with respect to all matters bearing on the supply, category of practice and geographic distribution of physicians in Manitoba".

The major issue addressed by SCOMM continues to relate to the geographic maldistribution of physicians in the province. To enhance programs relevant to this task, SCOMM was fortunate to have received a significant increase in its funding base. This has allowed for the development of new and expanded programs that will be described in this report.

There are, however, significant connections and interrelations between rural manpower supply and issues of medical school class size, availability of foreign medical graduates, internship duration, residency training positions, urban needs and distribution, specialty distribution, and practice patterns and standards. As these impact on rural manpower, these issues are considered by SCOMM in its program planning and resource allocation.

SCOMM continues to function within the context of supporting group practice, and shared service and resource arrangements between communities and regions of the province. The committee has also worked

in support of the development of salaried arrangements in the province in those areas where this enhanced the recruitment and retention of physicians, and which supported patient care.

A Research Assistant was hired under contract from May 1 to September 29, 1989, to undertake a study of community factors in the recruitment and retention of physicians. The report, prepared by Ms. Elizabeth Sweatman, was presented to the Standing Committee at a meeting held in Killarney on October 6, 1989. Based on the report, the Standing Committee has supported the recruitment of a community based consultant to assist communities directly in the recruitment and retention of health professionals. The latter remains to be addressed.

The Standing Committee has determined the need for community-based data in the determination of need and assessment of function of physicians working in rural/remote areas of Manitoba, relative to physicians working in urban settings. To that end, a proposal to undertake a utilization study has been discussed and remains pending. The data from this particular study is essential in the effective planning of professional resources for rural and remote areas of the province.

The Standing Committee has also requested the Faculty of Medicine, University of Manitoba, to submit a plan that would allow the incorporation of several components of SCOMM sponsored medical students programs in rural areas into an undergraduate rural stream within the medical school. This initiative is presently being considered by the Faculty.

Committee members represent the Manitoba Health Services Commission, the Department of Health, the Universities Grants Commission, the College of Physicians and Surgeons of Manitoba, the Manitoba Medical Association, the Faculty of Medicine, University of Manitoba, the Professional Association of Residents and Interns of Manitoba, the Manitoba Health Organizations Incorporated, the Union of Manitoba Municipalities, the Manitoba Association of Urban Municipalities and other groups concerned with physician manpower.

Members report regularly to their organizations and relay to the Committee the views of their colleagues.

MEMBERS:

G.E. Dow, M.D.	Co-chairman
B.D. Postl, M.D.	Co-chairman
K.M. Simpson, M.D.	College of Physicians and Surgeons of Manitoba (to October 6, 1989)
P. Nehra, M.D.	College of Physicians and Surgeons of Manitoba (from February 14, 1990)
B. Wright, M.D.	Professional Association of Residents and Interns, Manitoba
R.J. Boyd, M.D.	Manitoba Medical Association (to June 20, 1989)
R. Sanders, M.D.	Manitoba Medical Association (from June 21, 1989)
G. Gelowitz	Manitoba Health Organizations, Inc.
B. Levin, Ph.D.	Universities Grants Commission (to October 10, 1989)

L. Letourneau, Ph.D.	Universities Grants Commission (from November 2, 1989)
T. Arnason	Union of Manitoba Municipalities (to June 20, 1989)
D. Lethbridge	Union of Manitoba Municipalities (from June 21, 1989)
M. Chambers	Manitoba Association of Urban Municipalities (from June 21, 1989)
H. Wiebe	Manitoba Association of Urban Municipalities (from June 21,1989)
J.F. Ross, M.D.	Manitoba Medical Association (from June 21, 1989)
M.L. Kopelow, M.D.	University of Manitoba - Faculty of Medicine (from June 21, 1989)
G. Beazley, M.D.	University of Manitoba - Faculty of Medicine
R. Comte	Member at large (from June 21, 1989)
R. Carter, M.D.	Member at large (from June 21, 1989)
S. Derk	Member at large (from June 21, 1989)
D. Rodgers, M.D.	Member at large (from June 21, 1989)
M.J. Painchaud	Executive Secretary Manitoba Health Services Commission

RESOURCE CONSULTANTS:

J.C. Wilt, M.D.	Manitoba Health Services Commission (to April 16, 1989)
J. Robson	Manitoba Health Services Commission
T. Williams, M.D.	Manitoba Health Services Commission
D. Pascoe	Research and Planning Directorate-Manitoba Health Services Commission (to November 17, 1989)
J. Wade, M.D.	Research and Planning Directorate-Manitoba Health Services Commission (from January 2, 1990)

MEETINGS:

During the past year, the Standing Committee on Medical Manpower met four times in all-day sessions to consider a variety of medical manpower issues. The day to day activities of the Committee are carried out by the Secretariat.

SUBCOMMITTEES:

Subcommittees met at frequent, but irregular intervals at the discretion of the Co-chairman. These are:

Subcommittee - Finance

Subcommittee - Health Pro Show

Subcommittee - Establishment Grants

Subcommittee - Rural High School (Recruitment)

FUNCTIONS OF THE SECRETARIAT:

The Secretariat implements recommendations of the Standing Committee on Medical Manpower and its subcommittees on a continuing basis and also maintains close liaison with the following:

- Department of Family Medicine, Faculty of Medicine, University of Manitoba, concerning the incentive programs for first and second year medical students and the post-graduate residency program for family physicians.

- The Committee on Post-Graduate Medical Education, Faculty of Medicine, University of Manitoba, concerning the rural residency incentive program.

- The College of Physicians and Surgeons, responsible for registration and licensure of physicians in Manitoba.

- Employment and Immigration Canada, which refers all requests for entry of foreign physicians to Manitoba for approval of the Secretariat.

- Rural communities, to determine local needs.

- Physicians in rural communities where additional manpower is required.

- Students showing interest in the incentive programs.

- The Manitoba Medical Association.

- Physicians seeking job opportunities in Manitoba.

PHYSICIAN SUPPLY

National

The number of active physicians in the past decade[1], excluding residents and interns, has increased 40.8 percent, from 36,444 (18,000 specialists, 18,444 general and family physicians) on December 31, 1979

to 51,314 (24,150 specialists, 27,164 general and family physicians) as at December 31, 1989.

The ratio of physicians to population in Manitoba is shown in Table I.

TABLE I

Population per Active[1] Civilian Physician, Canada, by Province[2]

	All Physicians Excluding Interns and Residents		All Physicians Including Interns and Residents	
	Dec. 31/89	Dec. 31/88	Dec. 31/89	Dec. 31/88
Newfoundland	588	612	492	506
Prince Edward Island	726	697	714	686
Nova Scotia	507	528	436	449
New Brunswick	748	766	681	700
Quebec	489	490	424	424
Ontario	493	509	425	436
Manitoba	**564**	**591**	**485**	**502**
Saskatchewan	659	668	571	580
Alberta	590	594	503	502
British Columbia	486	489	449	449
Yukon	679	731	678	731
Northwest Territories	1,189	1,226	1,189	1,226
Canada	515	525	449	455

[1]In producing statistical reports based on Southam Medical Data Base (SMDB), the Department of National Health and Welfare has combined "not-in-private-practice" and "active" physicians into a group entitled "Active Civilian Physicians". This group includes registered and non-registered physicians in research, administration, teaching and clinical practice.

[2]Health Information Division, Department of National Health and Welfare, Ottawa, Ontario - April 1990.

The foregoing figures are a less precise gauge of physician manpower than the Manitoba Health Services Commission Physicians' Registry or the rolls of the licensing agent, the College of Physicians and Surgeons of Manitoba.

The Manitoba Health Services Commission funded 326.5 residents and interns positions in 1989/90. In addition, there are 48.98 full-time equivalent Fellows and residents externally funded. One hundred and sixty-six (166) residents are not included in the registration figures of the College of Physicians and Surgeons as they have taken out a license for residency duties only. Figures supplied by the College of Physicians and Surgeons include some retired and semi-retired physicians as they still hold a license to practice.

Manitoba

TABLE II

Number of Licensed Medical Practitioners in Manitoba[2]

Year	Winnipeg	%	Outside Winnipeg	%	Total	Net Gain or Loss
1979	1,269	75.3	417	24.7	1,686	- 1
1980	1,276	75.3	419	24.7	1,695	+ 9
1981	1,323	76.1	416	23.9	1,739	+44
1982	1,379	75.9	437	24.1	1,816	+77
1983	1,424	77.3	419	22.7	1,843	+27
1984	1,476	76.8	445	23.2	1,921	+78
1985	1,520	77.2	449	22.8	1,969	+48
1986	1,577	77.8	449	22.2	2,026	+57
1987	1,574	78.1	443	21.9	2,017	- 9
1988	1,582	78.5	434	21.5	2,016	- 1
1989	1,586	78.2	442	21.8	2,028	+12

[2]College of Physicians and Surgeons, Manitoba
Report of the Registrar, 14 September 1989

The total of 2,028 mentioned in Table II includes 83 fully licensed residents, however, the College has no data on how many moonlight, or to what extent. If these 83 are deleted as "not in active practice" as well as the 35 life members who are "not in active practice," there would be a net of 1,910 "active" physicians compared to 1,903 in the previous year.

TABLE III

Distribution of Medical Practitioners by Country of Qualification as of July 31, 1989[3]

Origin	Winnipeg	Brandon	Rural	Residency
TOTAL	1,586	104	338	166
(%) Manitoba	**57.8**	**35.6**	**42.3**	**65.1**
(%) Canada	13.2	16.4	8.3	24.1
TOTAL CANADA	71.0	52.0	50.6	89.2
(%) USA	.2	1.0	.0	.0
(%) United Kingdom and Ireland	13.0	26.9	28.1	3.0
(%) Europe	3.8	1.9	4.1	1.8
(%) Asia	8.2	13.4	7.1	3.0
(%) Australia/New Zealand	1.0	.0	.9	.6
(%) Africa	1.5	2.9	8.9	1.8
(%) South America	1.3	1.9	.3	.6

[3]College of Physicians and Surgeons, Manitoba Report of the Registrar, 14 September 1989

Table III illustrates that of the 1,586 practitioners in Winnipeg, 57.8 percent are graduates of the University of Manitoba, 13.2 percent are graduates of other Canadian universities, and 29.0 percent are graduates of foreign universities.

Of the 104 practitioners in Brandon, 35.6 percent are graduates of the University of Manitoba, 16.4 percent are graduates of other Canadian universities, and 48.0 percent are graduates of foreign universities.

Of the 338 practitioners in rural Manitoba, excluding Brandon, 42.3 percent are graduates of the University of Manitoba, 8.3 percent are graduates of other Canadian universities, and 49.4 percent are graduates of foreign universities.

TABLE IV

Physicians in Active Practice - March 31, 1990

Region*	Population**	General and Family Physicians		Specialists		Total	Physician/ Population Ratio
		Rural	Urban	Rural	Urban		
Central	95,585	62		5		65	1/426
Westman	118,767						1/776
(Rural)	78,810	64		1		65	1/1212
(Urban)	39,957		48		40	88	1/454
Eastman	86,773	46		2		48	1/1807
Norman	72,661	86		1		87	1/835
Interlake	75,160	47		7		54	1/1391
Parkland	48,087	37		3		40	1/1202
TOTALS	**497,033**	**342**	**48**	**19**	**40**	**449**	**1/1106**
Winnipeg	632,777		714		872	1,586	1/398
Manitoba	1,129,810	1,104		931		2,035	1/555
Including Residents		166				2,201	1/513

[4]Standing Committee on Medical Manpower.

*See Figure I page 12.

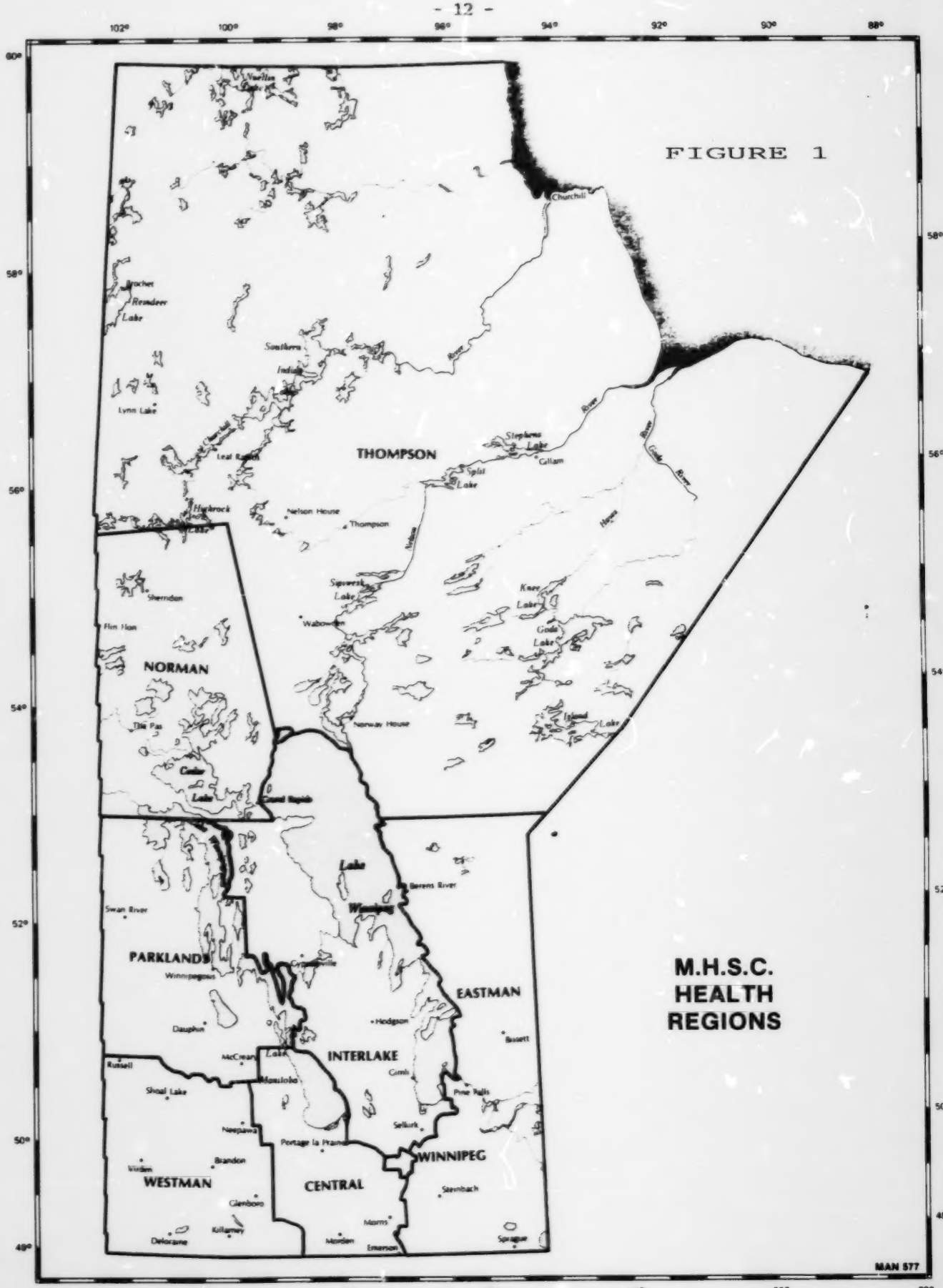
**Manitoba Health Services Commission registered population as of June 1, 1989.

***Includes physicians employed by Northern Medical Unit and Medical Services Branch (Health and Welfare Canada)

****Includes physicians employed by Brandon Mental Health Centre - 1 part-time psychiatrist.
Includes physicians employed by Selkirk Mental Health Centre - 4 psychiatrists.

The Standing Committee on Medical Manpower calculates that 2,201 physicians were in active practice in Manitoba as of March 31, 1990. This figure is inconsistent with the calculation of the College of Physicians and Surgeons of Manitoba, which lists 2,028 physicians in Manitoba (Table II). The College figure of 2,028 does not, however,

FIGURE 1


THOMPSON
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INTERLAKE
WINNIPEG
WESTMAN
CENTRAL
M.H.S.C.
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include the 166 physicians with a residency license only. With the inclusion of these residents, the College therefore has 2,194 registered and licensed physicians in Manitoba.

A total of 1,104 general practitioners, 931 specialists, and 166 residents gives an overall physician to population ratio for Manitoba of 1:513.

A total of 449 physicians practice outside Winnipeg; 88 are in Brandon and 361 in rural Manitoba. Table IV shows the physician/population ratios per region and for Brandon, Winnipeg and Manitoba. The overall physician/population ratios in rural Manitoba are favourable since a population of between 1,700 and 2,500 is required for a viable primary care practice.

The physician/population ratio is significantly less for rural and particularly remote areas than for urban. These numbers represent a relative abundance of physicians in Winnipeg (1:398) and Brandon (1:454) with possibly an over-representation of some disciplines and a shortage of others. It must be remembered, however, that urban physicians, particularly specialists, serve the rural as well as urban population.

WOMEN IN MEDICINE

Of all fully licensed physicians in Manitoba, 19.2 percent are women, an increase of 2 in actual numbers in the past year. In Winnipeg, women comprise 21.1 percent of all physicians, in Brandon 14.4 percent and in rural Manitoba 12.1 percent. Thirty-one point nine percent of those on the residency list are women. During the past eight years, there has been an increase of 121 women physicians in Winnipeg and seven in Brandon, but a decrease of three in the remainder of the province. The increasing proportion of female practitioners may portend increasing difficulty in staffing rural practices.

TABLE V

Number of Licensed Women Practitioners in Manitoba[5]

	Winnipeg	Brandon	Rural	Total	Residency
1982	213	8	44	265	51
1983	261	12	41	314	55
1984	251	12	45	308	59
1985	273	11	47	331	57
1986	290	12	43	345	51
1987	317	11	45	373	39
1988	333	13	42	388	52
1989	334	15	41	390	53

[5]College of Physicians and Surgeons, Manitoba
Report of the Registrar, 14 September 1989

THE NEED FOR PHYSICIANS:

As indicated in the preceding tables, the overall physician/population ratio in rural/remote Manitoba is reasonably satisfactory and in urban areas indicates an oversupply of physicians. The problem in rural Manitoba is that one vacancy in a one, two or even three doctor town constitutes a 100, 50, or 33 percent reduction in medical resources. This, together with the difficulty in recruiting a locum for vacation or continuing medical education, creates an urgent situation which tends to snowball as the remaining overworked physician(s) tire of the overload and leave.

The problem of oversupply of physicians in urban areas is perceived by provincial government analysts as an unnecessary additional expense to the health care system without improving health care standards. In addition, while there is an overall oversupply, shortages exist in some disciplines, e.g., - Radiotherapy, Laboratory Medicine, Psychiatry, Anesthesiology, and Rheumatology.

The shortage of physicians in rural and remote Manitoba has been lessened by the efforts of SCOMM, e.g., the Placement Bureau, the Incentive Programs and the facilitation of immigration of foreign physicians. However, despite enhanced communications with the Faculty of Medicine and the Residents of the University of Manitoba concerning

the need for physicians in rural areas, recruitment of local graduates has been poor. Some of the barriers to rural practice have been perceived as follows:

(a) isolation from professional colleagues

(b) overwork resulting from public demand for continuous service

(c) lack of acceptable housing

(d) limited social and cultural amenities

(e) high cost of establishing a viable practice

(f) high cost of living, particularly travel for vacations, business or professional meetings

(g) difficulty in getting a temporary replacement to permit travel or attendance at meetings

(h) lack of educational opportunities

(i) constraint on fee income and its potential for growth due to limitations of population in the catchment area.

(j) lack of confidence or security to practice in a more isolated milieu, without ready access to sophisticated diagnostic and treatment resources, as well as consultation services.

For these reasons and others, it seems our graduates prefer to practice in a saturated medical resources setting, e.g. Winnipeg, rather than in rural Manitoba. One innovation in medical services that has encouraged city practice has been the establishment of walk-in clinics which provide many attractive features to young graduates, e.g., regular hours of work in a comparatively less stressful job, etc. It is impossible at this time to judge the benefits of these clinics since they differ greatly in programs and practice patterns. A clear definition of a "typical clinic" is required. In addition, after defining what a legitimate walk-in clinic is, the advantages and disadvantages over

other methods of practice must be analyzed. Certainly, they are adding to the physician population in Winnipeg.

Until such time as we are able to recruit University of Manitoba graduates to rural Manitoba, we will be reliant on immigration of foreign medical graduates. This is self defeating in the long term, since many move to the city as soon as they obtain landed immigrant status. New and innovative approaches are required to encourage University of Manitoba graduates to practice in rural Manitoba. For example:

(a) Limit the number of solo practices in rural Manitoba wherever geographically possible and enhance group practices of three or more physicians, i.e., promote the sharing of services and resources on a regional basis. More specialists should be available to these group practices.

(b) Establish closer working relations with the University to more closely match the supply of graduates to the provincial needs. Every opportunity should be taken by the Faculty of Medicine to provide information to the students, interns and residents about rural practice and to inculcate in them some feeling of responsibility to provide the needs of rural Manitoba. Some or many of the views held by students about rural practice are not up to date.

(c) At SCOMM's request, the University (Department of Community Health Sciences) has submitted a plan to the Department of Health to organize the provision of medical services to rural areas by University of Manitoba graduates. This plan should be considered as a starting point and concentrated work done on it to make it an effective and efficient component of SCOMM's overall responsibilities.

(d) Consideration of legislative action, e.g., control of billing numbers or monetary incentives/disincentives, etc., must be based on having a comprehensive, physician requirements planning process in place. This would provide information established on the number and types of physicians required throughout the province to fill the needs of the proposed new or modified delivery system.

THE URBAN OVERSUPPLY:

Although the mandate of SCOMM is to study and correct all problems in medical manpower, that is, urban as well as rural, (Ad Hoc Committee, 1978), SCOMM has focused on the rural problems of shortage, since these have been acute. During the past years, there has been an increasing awareness of a subtly developing urban oversupply and a concern by government of the impact of this on costs to the health care system. In order for SCOMM to fulfill its mandate, its activities must be expanded to include the urban oversupply situation.

Several organizations, including the University (both faculty and student trainees), the Manitoba Medical Association, the College of Physicians and Surgeons, the Manitoba Health Organizations Incorporated, the Research and Planning Directorate of Manitoba Health, as well as SCOMM have been working on some aspect of medical manpower. Planning and progress could be more effective if these efforts were better coordinated. It could be the responsibility of SCOMM to fulfill this function, including the delegation of different tasks that will be required.

Consideration should also be given to a system of coordinating the plans of different health professionals to avoid duplication of services or programs, e.g., the role of the primary care physician with the nurse practitioner, or the role of the nurse practitioner with the Community Health Worker (in the north).

While the problem of urban oversupply seems vastly different from the sporadic and geographically spotty rural undersupply, the solutions to both are similar in principle and involve:

(a) A clear plan of the "new health care delivery system" as it will affect both rural and urban practice patterns: this should include a policy based on a determination of the advantages and disadvantages of walk-in clinics, for example.

(b) The development of a "physician requirement planning process" on a regional basis, to establish five year plans on the need for the number and types of physicians in each region or unit. This should be accompanied by similar planning for other health care professionals, particularly where there is some overlap of function in some regions.

(c) Closer working relations with the University to match the supply or output of physicians with the identified provincial needs; this would include not only the number and type of graduates but an exchange of information on training, e.g., the tertiary care base of training versus the community clinic base.

(d) Immigration (both direct and indirect) will need to be controlled or the reduction in the output of University of Manitoba graduates will have no effect on the oversupply; i.e., 49.4 percent of physicians in rural Manitoba, 48.0 percent of physicians in Brandon and 29.0 percent of physicians now practicing in Winnipeg are graduates of foreign medical schools.

(e) If the urban oversupply problem, the geographic maldistribution problem between urban and rural areas, and the shortages in some disciplines continue to increase, legislation may be required to correct these problems, e.g., the control of billing numbers or a system of monetary incentives/disincentives, etc. If this legislation is based on a rational, comprehensive physician requirement planning process which in turn would be based on a rational revision of the health care delivery system, then, resistance to such legislation would be minimal and groundless.

SPECIALTY SERVICES TO RURAL MANITOBA:

A. Radiological Services:

Younger physicians locating in rural Manitoba are interested in providing for as many of the medical and surgical needs as is reasonably possible at the local level. This requires availability of more rapid and extensive diagnostic backup, including radiology. The mail-in of radiographs does not meet these needs and so they request that more on-site or regional radiologists be provided. To compound this problem is the fact that some radiologists, both rurally located and those who provide rural visitation services, are reaching the point where they may expect to retire.

Although there is no immediate crisis, unless more radiologists willing to locate in rural Manitoba become available, there may be problems ahead. The committee has approached the University of Manitoba Committee on Medical Education asking that more training slots be made available for radiologists. The committee is concerned that none of those presently in the radiology training program are intending to locate in rural Manitoba.

*See Appendix A for copy of the Agreement for Visiting Consultant Radiology Services.

B. Psychiatric Services:

Additional psychiatric services are urgently needed in the whole of Manitoba. The Career Psychiatric Program, developed by the Department of Health, provides additional residency training positions in psychiatry for physicians prepared to serve the province on completion of training. Two psychiatrists are currently returning service and three physicians are presently participating in the program.

C. Anesthesia Services:

The Department of Anesthesia, University of Manitoba, has conducted a six-months anesthesia program for family physicians since 1976. The program is designed to provide the general practitioner in a smaller community hospital with the skills and judgement required to provide basic anesthetic services to ASA 1 and 2 patients and some older children, obstetric anesthesia, and some skills in resuscitation and trauma management. Under it, the Manitoba Health Services Commission funds up to five residency positions a year.

At present, the following program options are offered by the Department of Anesthesia:

Option 1

A 12 month program consisting of the following supervised blocks of training:

Three months Adult Anesthesia	- Health Sciences Centre
Three months Adult Anesthesia	- St. Boniface Hospital
Two months Pediatric Anesthesia	- Children's Hospital
Two months Intensive Care	- Health Sciences Centre St. Boniface Hospital
One month Emergency Medicine	- Health Sciences Centre
One month Obstetric Anesthesia	- Women's Hospital

At the satisfactory completion of this course both on written examination and clinical performance, a letter will be issued from the Department indicating that the physician has satisfactorily completed the Family Practice Anesthesia Training Program in the Department of Anesthesia, University of Manitoba.

Option 1(a)

Candidates coming from rural practice are assumed to have the necessary ICU and Emergency Medicine skills for their particular environment. They will, therefore, be exempt from these extra periods and will, if they so desire, be required to complete only nine periods.

Applicants who have not yet practiced in rural Manitoba but have satisfactorily completed these rotations as part of a Family Medicine rotation will likewise be eligible for completion of the programme after nine periods of Clinical Anesthesia.

Option 2

A six month program consisting of:

Two months Adult Anesthesia	- Health Sciences Centre
Two months Adult Anesthesia	- St. Boniface Hospital
One month Pediatric Anesthesia	- Children's Hospital
One month Obstetric Anesthesia	- Women's Hospital

A physician who finishes this course of studies satisfactorily will be issued a letter for the number of periods completed by the Post-Graduate Medical Education Department of the University of Manitoba.

Both of these courses are considered satisfactory by the College of Physicians and Surgeons of Manitoba for licensure to administer anesthesia in a rural environment to the types of patients described above.

From July 1980 to June 30, 1985, 28 physicians received funding under the program. Of these, 13 failed to enter rural practice on completion of their training and 15 lived up to the terms of the agreement under the Short Term Anesthesia Training Program.

It is important to note that prior to July 1985, physicians receiving funding under this program were not required to sign a formal return of service agreement which probably explains the high number of "failures" during the period 1980-1985.

Of the 22 physicians who received funding during the period July 1, 1985 to March 31, 1990, all have lived up to their obligation and 16 are still in rural practice.

The Department of Anesthesia cooperates with the Standing Committee on Medical Manpower by advising applicants seeking admission to the program that they are required to sign an agreement(*) that they will practice in rural Manitoba for a period equal to the period funded. Failure to do so calls for reimbursement of funds provided with interest.

*See Appendix B for a copy of the Agreement.

INCENTIVE PROGRAMS:

The Standing Committee on Medical Manpower has in place an integrated system of incentives to encourage physicians and students to consider rural practice. The incentives also apply to selected medical specialties in which critical shortages may arise.

Summer Work Experience - First and Second Year Students:

The Standing Committee on Medical Manpower provides opportunities for selected first and second year medical students to gain appropriate work experience in rural and remote areas. The object is to encourage students to consider rural practice on graduation. A competitive stipend is paid to each student in addition to reimbursement for

accommodation, return travel to the site and meals. Including supervision and travel, the program costs approximately $4,400 per student.

The program is administered by the Department of Family Medicine, University of Manitoba, on behalf of the Standing Committee. It offers the students an opportunity to acquire a better understanding of the life and experience of a rural family physician in the office, in the community, on house calls and at home as well as in the hospital on ward rounds, in the operating theatre, in the emergency department and at committee meetings.

The students are also encouraged to familiarize themselves with community health facilities and health personnel such as public health nurses, social workers, health educators, mental health workers, ambulance attendants and pharmacists.

In 1989, nine students participated in the program. They and their preceptors were selected by Dr. Robin G. Krause, Director, Undergraduate Medical Education and Dr. G. Beazley, Professor and Head, Department of Family Medicine, Faculty of Medicine, University of Manitoba. Messrs. R. Comte and M.J. Painchaud, representing the Standing Committee on Medical Manpower, also participated in the selection of students.

The research project undertaken by the students in 1989, concerned "Health Care for the Elderly" and covered the communities of Morris, Carman, Crystal City, Virden, Minnedosa, Dauphin, Grandview, Flin Flon, and Gillam.

Since the program was implemented, 58 students have participated.

Loans to Third and Fourth Year Medical Students:

Under this component of the incentive program, forgivable loans are offered to selected third and fourth year medical students provided they undertake to practice, on graduation, in a medically underserviced area.

The success or failure of the program remains under review. Similar programs have been unsuccessful in some jurisdictions. A number of students withdraw not only because of the barriers to rural practice listed on page 16, but also due to the radical adjustment required of young physicians whose training emphasizes advanced technological procedures, sophisticated support services and highly trained auxiliary personnel. As less than one-quarter of Manitoba's loan recipients have withdrawn, there is evidently sufficient interest in the program to warrant its continuation.

Since 1981, 45 students have received loans under the program. Of these, 14 withdrew from the program and repaid their loans with interest, eight entered rural practice and 23 are still in training.

In an effort to enhance the appeal of this program, the amount of the forgivable student loan was increased from $9,000 to $15,000 per annum effective July 1, 1989, and the return of service obligation was reduced from two to one year for each loan received. Although it is too early to measure the impact of the recent improvements to the program, it is encouraging to note that the changes have generated substantial interest by students entering the third or fourth year of their medical studies.

See Appendix C for copy of the loan agreement with the Manitoba Health Services Commission.

Family Medicine - Community Medicine Rotation:

It is obligatory for fourth year medical students to take a six to eight-weeks primary care clerkship. Over 80 percent choose to take this clerkship in rural Manitoba. The cost, paid by the University of Manitoba, is approximately $900 per student of which $400 goes to the preceptor and the remainder to the student for lodging, travel and incidental expenses. This is supported by a grant from the Standing Committee on Medical Manpower of $35,000 per annum.

Rural Residency Program for Practicing Physicians:

Under this program the Manitoba Health Services Commission funds positions for rural physicians taking postgraduate training courses of from one to six months in specific specialties that will broaden their

skills for rural and northern practice. The Department of Continuing Medical Education, Faculty of Medicine, University of Manitoba, arranges programs to suit each individual.

During the past fiscal year, the Standing Committee agreed to reimburse a physician for reasonable overhead expenses while taking post-graduate training under the Rural Residency Program. It is hoped that this additional financial support will remove one of the obstacles to accessing this important program in continuing medical education.

Five physicians participated in the program during the past fiscal year compared to ten during the previous 15 months.

See Appendix D for copy of the Agreement on Grants in Aid of Short Term Training.

Family Practice Residency Program - Rural Rotation:

Under this program, the Standing Committee on Medical Manpower pays transportation and accommodation expenses incurred by residents training as family physicians during their rotation period in a rural medical practice. Approximately $23,000 was allocated from SCOMM's budget to support this program. Several residents were supported in The Pas, Morden, Dauphin, and Brandon.

Incentive Grants to Physicians Commencing Practice in a Designated Medically Underserviced Area:

Incentive grants are available to physicians who have been approved by the Standing Committee on Medical Manpower and who establish practice in an area designated by the Minister of Health as medically underserviced. Under an agreement with the Manitoba Health Services Commission, these physicians will receive guaranteed net income or an income-tax-free incentive grant payable over a four-year period. A medically underserviced area may be geographic or be in a specialty with a shortage of practitioners.

See Appendices E & F for copies of Agreements.

The first establishment of practice grant was approved in 1981 and awarded to a physician locating in Winnipegosis. During 1984, a specialist in internal medicine, locating in Thompson, received an establishment grant, and in 1985, two physicians establishing practice in Lynn Lake were approved. Of the latter, one physician received an establishment grant and a guaranteed net income and the second physician was offered a guaranteed income.

Two physicians were awarded establishment grants in 1989; one to a physician setting up practice in Glenboro and, the second, to a physician recruited to Gladstone.

PROMOTIONAL AND EDUCATION ACTIVITIES

Rural Student Recruitment:

Despite comprising 40 percent of the provincial population, applications to medical school by rural students have fluctuated from 10-20 percent of applicants over the last two decades. The reasons for this are unclear. It may reflect a lack of understanding of opportunities in the health professions, diminished preference for health professional careers, lack of role models, or decreased availability of necessary university course prerequisites. There is reasonable literature to suggest that medical students from rural areas are more likely to return to rural areas upon graduation. Rural students are, therefore, seen as an important target for SCOMM activities.

With the cooperation of the Committee for the Promotion of Rural Practice, the College of Family Physicians of Canada, brochures and posters promoting careers in rural medicine are made available to rural high school guidance counsellors. Counsellors also have applications from the Faculty of Medicine describing the selection process and setting out eligibility requirements. This literature is supported by SCOMM posters and brochures for distribution to rural high schools and community areas frequented by students. These are in the process of being updated. Rural physicians cooperate by providing information and guidance on request.

SCOMM is considering the recruitment of a career counsellor who could assist university and high school counselling programs in the development of information packages, and in direct counselling activities, that would assist in the enhanced recruitment of rural students to the faculty of medicine.

Rural Medical Education Program:

During the past year, SCOMM agreed to provide an annual grant not to exceed $50,000 per annum towards the development of an enhance Rural Educational Program under the sponsorship of the Department of Medical Education, Faculty of Medicine, University of Manitoba. The program, which is administered by the University, was delivered in eleven rural communities during the past year and was attended by many physicians.

Family Medicine Rural Residency Training Program - Dauphin:

The first rural based Family Medicine resident training program in Canada was established during the past fiscal year. Under an agreement between SCOMM and the Faculty of Medicine, University of Manitoba, a number of medical residents will receive their training at Dauphin General Hospital and environs each year. It is expected that six Family Medicine residents will spend the entire second year of their training based in Dauphin. Two residents came to the community during the 1989 phase-in stage; and starting July 1990 at least ten (usually two at a time) will each have a minimum two months rotation in Dauphin. The Faculty agreed to support 1/3 of the operating expenses and SCOMM 2/3. SCOMM also accepted administration of the provincial "locum

tenens" program in return for the Faculty's commitment to the Dauphin program. An evaluation of the pilot project will be done at the end of the third year in operation.

The Standing Committee also agreed to co-sponsor a Family Medicine physician who will take the Master of Clinical Science Program in Family Medicine at the University of Western Ontario. The physician is expected to join the program in a coordinative role in 1991.

Health Pro Show:

The first Manitoba Health recruitment event aimed at attracting physicians and members of other health professions to rural and remote communities was held at the Basic Sciences Building, Faculty of Medicine, University of Manitoba, on January 24, 1990.

The "Health Pro Show" which was organized by SCOMM, in cooperation with the Faculty of Medicine, University of Manitoba, brought together students in various health disciplines, e.g., medical, pharmacy, dentistry, nursing, physiotherapy and occupational therapy, with community leaders and health care providers of participating communities.

There were a total of 41 booths representing over 50 rural Manitoba communities involved in the show. The quality and originality of the displays, and the presentations to the students were excellent.

It is estimated that over 300 students from all health care faculties attended during the six hour show.

PLACEMENT SERVICE:

The Standing Committee on Medical Manpower maintains a list of communities seeking physicians. This is circulated monthly to the Faculty of Medicine, University of Manitoba, to hospitals, to residents and interns of Manitoba and to physicians seeking job opportunities in Manitoba. A complementary list of physicians seeking a practice is also circulated to all communities in need of physicians.

The Secretariat visits communities in need of medical manpower to discuss local problems and assess inter-personal relationships. Experience has confirmed that efforts must be made to match physician to community. The cooperation of hospital boards and community leaders must be enlisted to secure congenial circumstances and appropriate facilities for the physician proposing to establish a practice. Responsibility for obtaining a physician rests with the community.

LOCUM TENENS:

The provision of locum tenens services is an important aspect of successful recruitment and retention of rural physicians. Rural physicians require holiday relief and time off for continuing medical education.

Monthly listings of physicians seeking locum tenens are maintained and distributed. Rural communities are provided with lists of physicians prepared to serve as locum tenens. This service complements a locum tenens service maintained by the Manitoba Medical Association and both services work together.

The Standing Committee is in the process of developing a generic contract that would allow for the recruitment of full and part-time locums to assist in the relief of rural physicians.

IMMIGRATION POLICIES:

Physician immigration is a federal responsibility. Federal authorities, however, seek agreement with the Secretariat of the Standing Committee on Medical Manpower before approving physician entry to Manitoba.

Under present policy, graduates of foreign medical schools are granted temporary entry permits for 12 months provided they are proceeding to a firm job opportunity in rural Manitoba, or a university education program.

A physician may apply for landed immigrant status after having served a minimum of one year with the same employer in a rural community.

Physicians wishing to locate as specialists may be considered for permanent entry provided their qualifications comply with the regulations of the Royal College of Physicians and Surgeons of Canada and provided they have either a university appointment or an appointment to an area of need as determined by the Standing Committee on Medical Manpower.

Before approving immigration of specialists or university appointees to Manitoba, Employment and Immigration Canada must have evidence that the position has been advertised in the Canadian Medical Association Journal, listed with the Standing Committee on Medical Manpower, and that no suitable Canadian is available.

Before 1983, foreign medical graduates from Commonwealth countries were admitted to Manitoba on the basis of their standing in their country of origin. Since August 6, 1983, however, an amendment to The Medical Act makes it mandatory for all immigrant physicians to pass the Medical Council of Canada Evaluating Examination before they can be registered in Manitoba. This examination can be taken twice a year at selected Canadian Embassy centres. Provision was also made in The Medical Act to allow the Minister of Health to waive the requirement for the Evaluating Examination for a period not in excess of six months.

In January 1989, the Executive Committee of the College of Physicians and Surgeons of Manitoba passed the following resolution thereby

agreeing to issue a further temporary registration under certain conditions for those physicians whose registration will expire prior to writing the Evaluating Examination:

> "THAT if a candidate has enrolled in the next sitting of the MCCEE, and WHERE the registration of that physician will expire prior to the date that the results of said examination are obtained, THAT a further temporary registration will be granted to expire
>
> (a) at once if the person fails to write the Evaluating Examination on the date set, or
>
> (b) five week days from the date the results are received in the College office

During the past 12 months the Minister of Health waived the requirements for the Evaluating Examination for 55 graduates of foreign medical school to allow them to serve in rural and northern areas of Manitoba. Of the 55, 15 were subsequently granted a second waiver and a further temporary registration.

In 1989/90, 73 foreign medical graduates were granted temporary entry to Manitoba by Employment and Immigration Canada compared to 77 during the previous 15 months ending March 31, 1989. Of the 73, 38 accepted temporary appointments in rural communities compared to 35 in 1988/89. In addition to the 38 in rural Manitoba, 15 served with the Northern Manitoba Medical Unit, 15 accepted university residency appointments and five accepted appointments in Winnipeg and Brandon.

Employment and Immigration Canada also granted landed immigrant status in 1989/90 to eight graduates of foreign medical schools, who were previously approved for temporary entry for positions in rural Manitoba.

TABLE VI

PHYSICIAN IMMIGRATION - April 1, 1989 to March 31, 1990

Year	Rural Manitoba	Northern Medical Unit	University of Manitoba Residencies	Winnipeg Brandon	TOTAL
			Approved for Temporary Entry[6]		
1982	52	11	44	8	115
1983	21	7	42	12	82
1984	8	3	25	10	46
1985	14	4	13	7	38
1986	12	1	12	8	33
1987	13	5	17	3	38
*1988/89	35	7	30	5	77
1989/90	38	15	15	5	73
			Approved For Landed Immigrant Status[6]		
1982	2	6	2**	0	10
1983	14	2	2**	3	21
1984	7	0	3**	3	13
1985	7	1	0	2	10
1986	8	0	0	3	11
1987	15	0	0	3	18
*1988/89	11	0	0	3	14
1989/90	6	0	0	2	8

*Includes 15 months reporting (January 1, 1988 to March 31, 1989)
[6]Standing Committee on Medical Manpower
**Staff Appointments

The number of foreign medical graduates eligible for registration and licensure in Manitoba has been affected by the introduction of the Medical Council of Canada Evaluating Examination. This requirement was supported by the Standing Committee on Medical Manpower and the Government of Manitoba. Manitoba was the last province in Canada to require it. Manitoba still does not require all foreign medical graduates to have standing in the Licentiate of the Medical Council of Canada (LMCC) which is the basic examination required of Canadian graduates and is mandatory for immigrants in most other provinces either on admission or shortly thereafter.

The College of Physicians and Surgeons of Manitoba is considering changes in The Medical Act that would remove any preferential recognition of a physician's place of training, e.g. Commonwealth. This would be replaced by an examination to measure clinical competence. This has the potential of removing a source of physicians that have historically played an important role in the locum, permanent and short term needs of rural and remote areas of the province. The Standing Committee will be monitoring this situation closely as to potential implications. SCOMM is in agreement that all physicians practicing in Manitoba should meet the same or equivalent educational requirements for medical registration.

REFUGEE PHYSICIAN TRAINING PROGRAM:

Manitoba Health, Employment and Immigration Canada, the College of Physicians and Surgeons of Manitoba, and the University of Manitoba, Faculty of Medicine have made available a special clerkship and internship program to assist refugee physicians residing in Manitoba.

The program is designed to provide an avenue by which trained physicians who have been uprooted from their homelands by civil strife can find career satisfaction and contribute the benefits of their past training and experience to their adopted homes. No specific demand for services is asked of these physicians, but it is hoped that they will ultimately serve Manitoba in areas of relative need.

The program, approved initially for a four year period in 1984, provides for an intensive, two year training period. In the first year, spaces are provided for four physicians in a schedule of supervised clinical experience similar to the final year of medical school. The four physicians are allowed to write the LMCC qualification examination at the same time as the fourth year students with whom they are studying. In the second year, refugee physicians who pass the LMCC and otherwise qualify enter the regular internship program at a teaching hospital. On satisfactory completion of this second year of training, the physicians will be fully licensed for practice and subsequent specialty training. During the clerkship and internship years, candidates will be supervised

and evaluated by the same process applying to regular final year students and interns in the Faculty of Medicine, University of Manitoba.

Physicians in the training program are jointly supported by federal and provincial funding. Employment and Immigration Canada provides training allowances during the fourth year clerkship. Manitoba provides an allowance during the clerkship and funds physicians during internship.

To qualify, physicians must be proficient in English, be true residents of Manitoba as at November 1, 1984, or be directed here as refugees by Employment and Immigration Canada. They must have passed the Medical Council of Canada Evaluating Examination and be registered with the College of Physicians and Surgeons of Manitoba. The University of Manitoba provides limited assistance to physicians preparing for this examination.

All qualified applicants are screened by a committee of the Faculty of Medicine, University of Manitoba. Because the number of applicants is restricted, refugee physicians landed in other Canadian provinces or territories are not eligible for the program.

From its inception to the present time, 24 refugee physicians have been enrolled in the Clerkship Program. Of the 24 physicians enrolled, 12 have graduated from the program and are in practice, 5 are currently

interning (includes one physician who previously failed the program), six are in the clerkship phase (includes one previous failure) and one failed the program overall.

In addition, the Care Area Initiative recently made five internship positions available in support of the need of refugee physicians residing in the core area of Winnipeg.

STANDING COMMITTEE ON MEDICAL MANPOWER

SCHEDULE OF EXPENDITURES

FOR THE PERIOD APRIL 1, 1989 TO MARCH 31, 1989

1.	Summer Work Experience - First and Second Year Medical Students	$ 39,740
2.	Incentive Loans - Third and Fourth Year Medical Students	180,000
3.	Rural Residency Program	39,831
4.	Incentive Grants to Physicians Beginning Services in a Designated Underserviced Area	14,000
5.	Family Practice Resident's Program	22,188
6.	Administrative Costs - Quarterly meetings Travel, Advertising, etc.	28,480
7.	Family Medicine Clerkship Program	35,000
8.	Short Term Anesthesia Training Program	39,751
9.	Family Practice Training Program - Dauphin	18,300
10.	Health Pro Show	14,433
11.	Rural Medical Education	29,479
	TOTAL EXPENDITURE	$461,202

APPENDIX A

AGREEMENT FOR VISITING CONSULTANT RADIOLOGY SERVICES

RURAL HOSPITALS

THIS AGREEMENT, between

and

The _____ Hospital
_____(address)
_____

and The Manitoba Health Services Commission
Laboratory and X-Ray Services Division
599 Empress Street, Winnipeg
(hereinafter called the "Commission")

WHEREAS the Hospital requires the professional services of a consultant radiologist; and

WHEREAS the radiologist has agreed to carry out the duties and responsibilities of a radiologist at the hospital herein named, on a visiting basis; and

In consideration of these services, the radiologist will bill fees for service to the Manitoba Health Services Commission in accordance with the schedule currently in effect as published in the Physician's Manual;

IT IS HEREBY AGREED THAT:

1. The radiologist will be appointed to the hospital staff as a consultant and will have the rights and privileges pertaining thereto, and be governed by the bylaws, rules and regulations of the medical staff of the hospital;

2. Subject to By-Law number 3B under Section 40(2) of The Medical Act, the Director of a facility shall apply in the required form to the registrant of the College of Physicians and Surgeons for recognition of a facility as an approved faculty.

3. That the radiologist will attend at the hospital for the purpose of carrying out duties and responsibilities once in each week on a day mutually agreed upon by the radiologist, the medical staff, and the hospital administration. (Details in this Section should express the specific arrangements that have been agreed upon).

4. A mail-in interpretation service or the use of technical transmission devices may be agreed upon if there are no procedures to be done at the hospital that require the presence of the radiologist; it being provided that the radiologist will attend at the hospital at least once in each year to review the organ imaging facilities.

5. In addition to professional services in the supervision and carrying out of organ imaging procedures and their interpretations, the radiologist will be available on a mutually agreeable schedule for consultation with local physicians; will provide appropriate professional direction and education for the technical staff; and will make recommendations in writing to the hospital administration and the director of the laboratory and x-ray division of the Manitoba Health Services Commission with respect to those things that in his/her opinion would improve the operation of the organ imaging services in the hospital.

6. If the radiologist is unable, on occasion, to personally attend at the hospital, it is agreed that he/she will try to supply a substitute, and this will be acceptable to the hospital on a temporary basis.

7. If the radiologist does interpretations and dictates reports on site, the hospital will supply the secretarial service for typing these reports. If the interpretations are done elsewhere, the secretarial service is the responsibility of the radiologist, since his/her consultant reports are required to be supplied to the physician and the hospital in writing.

8. The term of this agreement is two years from the date of its signing, and shall remain in force and effect from year to year thereafter, unless written notice to the contrary is given by any one of the three parties hereto, subject to item 9.

9. Notice of termination of the agreement may be given by any one of the three parties to it by notice sent by registered mail to the other parties not less than 12 months before the requested termination date. The time limits may be altered by mutual agreement between all three parties.

10. IN WITNESS WHEREOF the parties hereto have executed this agreement on the_____day of _____, 19__.

_____	_____
Witness	Physician
_____	_____
Witness	The Hospital
_____	_____
Witness	Executive Director Manitoba Health Services Commission

APPENDIX B

SHORT TERM ANAESTHESIA TRAINING PROGRAM

MEMORANDUM OF AGREEMENT

THIS AGREEMENT is made in duplicate BETWEEN

_____M.D.

_____
(hereinafter called the "physician")
OF THE FIRST PART

-and-

The Manitoba Health Services Commission
(hereinafter called the "Commission")
OF THE SECOND PART

In consideration of six months funding under the Family Practice Anaesthesia Training Program at the University of Manitoba, IT IS HEREBY AGREED THAT:

1. Upon completion of this training, the physician shall

   (a) proceed expeditiously to enter into the practice of medicine in an approved rural community in Manitoba, or

   (b) immediately repay to the Commission the entire amount funded to him/her under this Agreement, net of income tax paid, together with interest thereon at the rate provided for in this agreement.

FORGIVENESS OF AMOUNT FUNDED

2. (a) Beginning on the date in which the physician commences practice in an approved rural community in Manitoba designated by the Commission, the obligation for repayment of the amount funded pursuant to this Agreement shall be forgiven at the rate equivalent to one month residency funding for every month that the physician continues to practice in the approved rural community.

   (b) Should the physician cease to practice in an approved rural community in Manitoba prior to the entire amount funded being forgiven, then the balance of the amount funded shall immediately be due an payable, together with interest accrued thereon.

INTEREST ON LOAN

3. (1) If the physician continues to practice in an approved rural community of Manitoba designated by the Commission for a sufficiently long period of time such that the principal amount funded is entirely forgiven, then the interest chargeable on the amount funded shall be totally forgiven;

(2) To the extent that the principal amount funded is not forgiven through the remission schedule specified in Section 2, interest shall accrue on the funds advanced pursuant to this Agreement from the date that they are advanced to the physician;

(3) For the purpose of determining interest payable, the earliest funds advanced to the physician under the terms of this Agreement shall be the first to be forgiven by practice in an approved rural community in Manitoba designated by the Commission;

(4) The rate of interest on all monies advanced under the terms of this Agreement shall be equivalent to the prime lending rate charged by chartered banks in Winnipeg on the date that the physician becomes obliged under terms hereof to make repayment to the Commission.

4. A physician in receipt of funding under the Short Term Anaesthesia Training Program shall not claim fee-for-service for any services he/she may provide in that field of practice in the hospital in which training is received during the period of funding.

IN WITNESS WHEREOF the parties have executed this agreement on the _____day of_____, 19__.

_____ _____

Witness Physician

_____

Executive Director
Manitoba Health Services
Commission

APPENDIX C

- MEDICALLY UNDERSERVICED AREAS -
PROVINCE OF MANITOBA - LOANS
THIRD AND FOURTH YEAR STUDENTS -
FACULTY OF MEDICINE
MEMORANDUM OF AGREEMENT

THIS AGREEMENT made in duplicate BETWEEN

_____
(hereinafter called the "student"),
OF THE FIRST PART,

- and -

THE MANITOBA HEALTH SERVICES COMMISSION
(hereinafter called the "Commission"),
OF THE SECOND PART,

In consideration of a loan of $15,000 of which $7,500 will be advanced on the execution of this Agreement and the balance on _____ and the mutual covenants and agreements contained in this agreement, the parties agree as follows:

1. It is an express condition precedent to this Agreement that the student is in good standing and enrolled in the _____ year of the program of the Faculty of Medicine of the University of Manitoba leading to a degree of Doctor of Medicine.

2. Upon graduating from the University of Manitoba with a degree of Doctor of Medicine and completing the service in Manitoba in an intern capacity necessary in order to be eligible for registration with the College of Physicians and Surgeons of Manitoba, the student shall:

   (a) immediately apply to be registered with the College of Physicians and Surgeons of Manitoba an within 3 months of being so registered commence practice in a medically underserviced area of Manitoba designated by the Commission; or

(b) enter into post-internship training in Manitoba, not to exceed 2 years in length unless approved by the Standing Committee on Medical Manpower, and within 3 months of completion of same commence practice in a medically underserviced area in Manitoba designated by the Commission. A student is only entitled to follow this course of action if, prior to entering into post-internship training, he/she has provided the Commission with written confirmation that the post-internship training fulfills the intent of this Agreement; (If the post-internship training is to be in Family Medicine, then the student shall not be obliged to obtain the written confirmation from the Standing Committee on Medical Manpower); or

(c) immediately repay to the Commission the entire amount loaned to him/her under the terms of this agreement, together with interest thereon at the rate provided for in this agreement.

3. If the student is unable to follow the course of action outlined in clause 2(b) because the Standing Committee on Medical Manpower is of the opinion that the post-internship training proposed by the student is not consistent with the intent of the Agreement; then the student shall forthwith follow either of the courses of action set forth in clause 2(a) or 2(c).

FORGIVENESS OF LOAN

4. Beginning on the date on which the student commences practice in a medically underserviced area of Manitoba designated by the Commission, the obligation for repayment of the loan made pursuant to this Agreement shall be forgiven at the rate of $3,750 for every three full months that the student continues to practice in the medically underserviced area.

5. Should the student:

(a) fail within a reasonable time to graduate from the University of Manitoba with a degree of Doctor of Medicine, or to complete the internship necessary in order to be registered with the College of Physicians and Surgeons of Manitoba; or

(b) pursuant to clause 2(b) enter upon post-internship training and fail to successfully complete same; or

(c) cease to practice in the designated medically underserviced area in Manitoba prior to the entire loan being forgiven;

the balance of the loan, together with interest accrued thereon at the rate provided in the Agreement, shall be a debt due and owing by the student to the Commission, payable forthwith upon demand.

6. It the student is unable to comply with the terms of section 2, section 4, or section 8 of this Agreement for a reason which, in the opinion of the Commission, is not attributable to the fault of the student, the Commission, may in its discretion, extend the repayment period or forgive all or part of the debt owing to the Commission on such terms and conditions as the Commission deems appropriate.

7. Notwithstanding any other provisions of this Agreement, should the student die before repayment or cancellation of the debt, the Commission may, in its discretion, cancel and discharge all or part of the debt, on such terms and conditions as the Commission deems appropriate.

INTEREST ON LOAN

8. (1) If the student continues to practice in the medically underserviced area of Manitoba designated by the Commission a sufficiently long period of time such that the principal amount of the loan is entirely forgiven, then the interest chargeable on the amount loaned shall be totally forgiven;

(2) To the extent that the principal sum of the loan(s) is not forgiven through the remission schedule specified in Section 4, interest shall accrue on the funds loaned pursuant to this Agreement from the date that they are advanced to the student;

(3) For the purpose of determining interest payable, the earliest funds advanced to the student under the terms of this Agreement shall be the first to be forgiven by practice in a medically underserviced area in Manitoba designated by the Commission;

(4) The rate of interest on all monies loaned under the terms of this Agreement shall be equivalent to the prime lending rate charged by chartered banks in Winnipeg on the date that the student becomes obliged under terms hereof to make repayment to the Commission.

NOT CONTRACT OF EMPLOYMENT

9. The student and the Commission agree that this Agreement does not constitute a contract of employment.

ALTERNATE AREA OF PRACTICE OR SERVICE

10. In the event that there is no area of the Province of Manitoba designated as medically underserviced at the time the student is ready to enter practice, the Commission shall specify an alternate area of the Province in which to practice or an alternate form of service that will qualify for remission under the terms hereof. Should the student not wish to accept the alternatives presented by the Commission, then, the entire amount of the loan, together with interest accrued thereon at the rate provided in this Agreement, shall be a debt due and owing by the student to the Commission, payable forthwith upon demand.

NOTICE

11. Where notice is required to be given under the terms of this Agreement it shall be in writing and delivered or sent by registered mail to the Commission at the following address:

Box 925
599 Empress Street
Winnipeg R3C 2T6

or, to the student at the following address:

The student shall, not later than 3 months after obtaining his degree of Doctor of Medicine from the University of Manitoba send to the Commission notice indicating which of the alternatives set forth in paragraph 2 hereof, he/she intends to select. If the student subsequently wishes to select another alternative, he/she shall forthwith send the Commission notice of his/her intention to do so.

COMMISSION TO DESIGNATE AREAS OF PROVINCE

12. The Commission subject to paragraph 10 shall designate medically underserviced areas in the Province. Where more than one medically underserviced area has been designated, then the student shall have the right to select his/her preference.

IN WITNESS WHEREOF the parties hereto have executed this Agreement on the _____day of_____, 19__.

_____ _____

Witness Student

_____

Executive Director
MANITOBA HEALTH SERVICES
COMMISSION

APPENDIX D

GRANTS IN AID OF SHORT TERM TRAINING

RURAL RESIDENCY PROGRAM
STANDING COMMITTEE ON MEDICAL MANPOWER

THIS AGREEMENT made in duplicate BETWEEN:

_____, M.D.
_____

(hereinafter called the "physician")
OF THE FIRST PART

-and-

The Manitoba Health Services Commission
(hereinafter called the "Commission")
OF THE SECOND PART

HEREBY AFFIRMS THAT:

1. The physician has applied to the Standing Committee on Medical Manpower, representing the Manitoba Health Services Commission, to provide payment to him/her for a period of _____ months under the terms of the Rural Residency Program, to take post-graduate training at the University of _____, consisting of:

_____	_____
(Course)	(Duration)

2. And he/she has agreed that on completion of this training, he/she will proceed expeditiously to enter into the practice of medicine at _____.

3. The physician has applied to the Standing Committee on Medical Manpower for financial support under the Rural Residency Program by way of a stipend for a period not exceeding six months, payable monthly at the rate of $_____ per month.

4. The Standing Committee on Medical Manpower has approved this training and will grant the financial support as requested by the physician with the first payment payable on or about _____.

5. Beginning on the day on which the physician commences to practice medicine in an approved rural community in Manitoba the grant made under this agreement will be forgiven at a rate of $_____ of the total grant each month during the continuance of the practice, until it is fully forgiven.

6. Should Dr. _____ cease to practice in the approved rural community before the amount of the grant is fully forgiven, the portion remaining shall be immediately due and payable, together with interest on the unpaid balance from the date of the first stipendiary payment under the grant until the date of repayment, at the prime bank loan rate in Winnipeg on the settlement date.

7. A physician in receipt of funding under the Rural Residency Program shall not claim fee-for-service for any services he/she may provide in that field of practice in the hospital in which training is received during the period of funding.

8. IN WITNESS WHEREOF the parties hereto have executed this Agreement on the _____day of_____, 19__.

_____ _____

Witness Physician

_____

Executive Director
MANITOBA HEALTH SERVICES
COMMISSION

APPENDIX E

MANITOBA HEALTH SERVICES COMMISSION
INCENTIVE PROGRAM FOR PHYSICIANS
MEDICALLY UNDERSERVICED AREAS
PROVINCE OF MANITOBA

ESTABLISHMENT OF PRACTICE AGREEMENT

This Agreement made in duplicate

BETWEEN:

THE MANITOBA HEALTH SERVICES COMMISSION
(hereinafter called the "Commission"),
OF THE FIRST PART

-and-

_____
(hereinafter called the "Physician"),
OF THE SECOND PART

This agreement witnesseth that, subject to the terms and conditions hereinafter set out, the parties hereto agree as follows:

TERM OF AGREEMENT

1. The term of this Agreement shall be a period of 12 months from the date that the Physician begins to practice in the medically underserviced area in Manitoba designated by the Commission under the terms hereof.

PAYMENT TO PHYSICIAN

2. The Commission agrees:

   (a) to pay to the Physician the sum of $_____ every 3 months during the term of this Agreement and the term of any renewal thereof, beginning 3 months from the date on which the Physician commences practice in the medically underserviced area in Manitoba designated by the Commission under the terms hereof.

   (b) the total amount paid to the Physician by the Commission under the terms of this Agreement and any renewal thereof shall not exceed the sum of $_____.

3. The Physician agrees:

   (a) to commence practice on the _____day of _____ in the medically underserviced area of the Province designated by the Commission and more particularly described as follows:

   _____

   _____

   (b) to continue to practice on a full-time basis in the medically underserviced area described above for the term of this Agreement and any renewal thereof.

   (c) that if the Physician receives grant monies paid pursuant to this Agreement and fails to continue to practice on a full-time basis as required under the terms of this Agreement, for the period in regard to which the grant monies were paid, those monies shall constitute a debt due and owing to the Manitoba Health Services Commission and shall be repayable to the Commission upon demand.

VACATION TO BE INCLUDED AS PART OF CONTINUOUS PRACTICE

4. The parties agree that the Physician shall be entitled during the term of this Agreement and any 12 month renewal thereof, to take a vacation not exceeding 4 weeks, without having that vacation construed as an interruption with the Physician's obligation to practice on a continuous basis.

TERMINATION OF AGREEMENT

5. The Physician agrees that the Commission shall have the right to terminate this Agreement on 30 days notice where the Commission has decided that the manner in which the Physician is conducting his/her practice is not satisfactory. Prior to making a decision as to whether the service provided by the Practitioner is satisfactory, the Commission shall first consider a report and recommendation from a committee of not less than 3 persons appointed by the Chairman of the Standing Committee on Medical Manpower established at the request of the Commission. It shall be the obligation of the committee to make the report after due inquiry into the matter of the manner in which the Physician was conducting his/her practice.

NOT CONTRACT OF EMPLOYMENT

6. The parties agree that this Agreement does not constitute a contract of employment of service and that it is solely an Agreement to provide for the establishment of practice incentive grant funds to the Practitioner on fulfillment of the Agreement and convenants contained herein.

EARLY TERMINATION BY MUTUAL CONSENT

7. The parties hereto may, by mutual agreement, terminate this Agreement at any time. Should either party wish to terminate the Agreement, it shall give notice of its desire to do so to the other party. The other party shall then consider the request and give notice as to whether it is willing to terminate the Agreement and, if so, on what basis.

NOTICE

8. Where notice is required to be given pursuant to the terms of this Agreement it shall be in writing and sent by registered mail or delivered:

to the Commission at:

Manitoba Health Services Commission
599 Empress Street
Winnipeg, Manitoba
R3C 2T6

to the Physician at:

_____

_____
("address")

_____
Witness

_____
Physician

_____
Executive Director
MANITOBA HEALTH SERVICES
COMMISSION

APPENDIX F

AGREEMENT FOR GUARANTEED ANNUAL NET PROFESSIONAL INCOME

MEDICAL

THIS AGREEMENT made in duplicate

BETWEEN:

MANITOBA HEALTH SERVICES COMMISSION
(hereinafter referred to as the "Commission"),

OF THE FIRST PART

-and-

_____
(hereinafter referred to as the "Physician"),

OF THE SECOND PART

WHEREAS the Physician has agreed to establish or to join a private general practice in medicine on a full-time basis for the purpose of providing medical services to the public in an area designated by the Commission as an underserviced area;

AND WHEREAS the Commission has agreed to guarantee to the Practitioner a net profession income of _____ per annum to be derived from his/her medical practice in accordance with the provisions of this Agreement;

NOW THIS AGREEMENT WITNESSETH that in consideration of the mutual covenants and agreements hereinafter contained the parties hereto mutually covenant and agree as follows:

1. (1) The Physician shall prior to establishing his/her private general practice or joining a general practice hereinafter referred to as "the practice" submit to the Commission the following information:

(a) details of his/her proposed total staff and the salaries to be paid to them;

(b) details of the office equipment and furnishings required for the practice;

(c) the amount of rent for the office; and

(d) details of the vehicle used in the practice.

(2) The Physician shall obtain the written approval of the Commission prior to making any legal commitment to hire staff and to entering into any arrangement for office accommodation and equipment.

2. The Physician will practice at _____ and he/she will be solely and completely responsible for all matters arising out of or resulting from his/her practice of medicine.

3. (1) The Commission in its discretion may make an advance payment to the Physician during the term of this Agreement.

(2) The advance payment shall be repaid by the Physician at the expiration or termination of this Agreement, or the amount of the advanced payment may be set off against any claim made by the Physician respecting the guaranteed net professional income as agreed herein.

4. The Commission and the Physician agree:

(a) that all fees or accounts receivable arising out of the practice are payable to and are the sole property of the Physician;

(b) that all debts and liabilities arising out of the practice are the sole responsibility and liability of the Physician; and

(c) that the proprietary interest in and the liability of the practice are vested solely in the Physician.

5. (1) The Physician shall:

(a) maintain a daily journal to record therein the particulars of the professional services he/she provides;

(b) maintain accurate and current financial records of all accounts rendered for professional services and the amounts received in payment thereof;

(c) maintain accurate and current records of all business transactions related to the practice;

(d) maintain a separate bank account for these purposes;

(e) submit accounts for professional services rendered to the Commission or its successor;

(f) submit to the Commission for each of the first 6 months of the term of this Agreement statements of receipts and payments; and

(g) submit to the Commission at the end of the Agreement year, financial statements respecting the practice.

(2) The Physician covenants that all financial records and business transactions of the practice shall be open for inspection at all reasonable times by the Commission or any agent it designates.

(3) The Physician agrees that all financial records and books of account will be subject to audit by the Financial Officers of the Commission before final settlement is made.

6. (1) The Commission and the Physician agree that the Physician's annual professional income and expenditures shall be calculated on an accrual basis and that any inventory shall be evaluated and included in the calculation of the annual professional income.

(2) The Commission and Physician agree:

(a) that the Physician's annual net professional income shall be calculated on the Physician's gross total professional income less authorized practice expenses and deductions;

(b) that the Commission or any agent it designates retains the right to disallow any expenses and deductions which in the opinion of the Commission appear excessive or unreasonable having regard to the nature of the practice; and

(c) convention and course expenses will be subject to the provision specified in clause (b) of sub-section 2 of section 6 and receipts for these will be required.

(3) The Commission agrees, at the expiration of the term of this Agreement to pay to the Physician the audited difference between the Physician's net professional income as calculated herein and such a sum as to ensure a guaranteed net professional income to the Physician of _____.

(4) The Commission agrees that the Physician is entitled to an annual vacation of four weeks during the term of this Agreement.

(5) This Agreement is for a term of one year commencing on _____and ending on _____.

(6) Where this Agreement is terminated under the provisions of section 7(1) or section 7(2) the Commission shall have no obligation to make any payment to the Physician regarding the guarantee of his/her professional income, except for payments made pursuant to section 8.

7. (1) The Commission and the Physician agree that this Agreement may be terminated by the Commission on thirty days written notice to the Physician where:

(a) false statements are made in any documents or records required of the Physician;

(b) following a review and report prepared on the request of the Commission, by an ad hoc committee appointed by the Chairman of the Standing Committee on Medical Manpower, the Commission is of the opinion that the services rendered to the Physician's patients are not satisfactory or the business or the professional conduct of the Physician is not satisfactory;

(c) the Physician does not comply with the terms of this Agreement.

(2) The Commission and the Physician further agree that this Agreement shall become null and void where:

(a) the Physician becomes bankrupt; or

(b) the Physician is found to be guilty of professional misconduct; or

(c) the Physician's license to practice is suspended or cancelled; or

(d) the Physician becomes disabled through illness, accident or any cause whatsoever so as to be unable to provide full-time professional services in the designated area for a period of two consecutive months.

(3) The written notice of termination of this Agreement shall be sent by registered mail to the Physician at his/her office address and such notice shall be deemed to have been received on the fifth day after the date of mailing.

8. Where this Agreement has been voided under clause 7(2)(d) the Commission shall pay to the Physician a sum that shall be prepared on a monthly basis in such amount as the sum of _____ per annum bears to the number of months of service rendered by the Physician under this Agreement.

9. The parties hereto agree that this Agreement is not a contract of employment nor is to be construed as such.

10. The parties hereto agree that the monetary rights secured hereunder are unassignable except with the prior written consent of the Commission or any agent he/she designates.

IN WITNESS WHEREOF the Parties hereto have executed this Agreement on the _____ day of _____.

SIGNED, SEALED
AND DELIVERED
in the presence of

_____ _____

WITNESS The PHYSICIAN

_____

Executive Director
MANITOBA HEALTH SERVICES
COMMISSION